County: Brown
MANORCARE HEALTH SERVICES - WEST
1760 SHAWANO AVENUE
GREEN BAY 54303 Phor GREEN BAY 54303 Phone: (920) 499-5191
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 105
Total Licensed Bed Capacity (12/31/00): 105
Number of Residents on 12/31/00: 97

Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on Skilled No Yes 98

Average Daily Census: ******************************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	%	Less Than 1 Year 1 - 4 Years	38. 1 41. 2
Supp. Home Care-Household Services	No	Developmental Disabilities	$\frac{1}{5}$. 0	Under 65 65 - 74	1.0	More Than 4 Years	20. 6
Day Servi ces Respi te Care	No No	Mental Illness (Org./Psy) Mental Illness (Other)	53. 6 0. 0	75 - 84	15. 5 37. 1		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	35. 1	**********	******
Adult Day Health Care Congregate Meals	No No	Para-, Quadra-, Hemi plegic Cancer	1. 0 4. 1	95 & 0ver	11. 3	Full-Time Equivalen Nursing Staff per 100 Re	t sidonts
Home Delivered Meals	No	Fractures	6. 2		100. 0	(12/31/00)	Sidents
Other Meals	No	Cardi ovascul ar	6. 2	65 & 0ver	99. 0	(- <u></u>	
Transportation	No	Cerebrovascul ar	8. 2			RNs	8. 1
Referral Service	No	Di abetes	6. 2	Sex	%	LPNs	9. 3
Other Services Provide Day Programming for	Yes	Respiratory Other Medical Conditions	8. 2 5. 2	Male	25. 8	Nursing Assistants Aides & Orderlies	42. 5
Mentally Ill	No	other medical conditions	J. &	Female	74. 2	Ardes & Orderries	42. 3
Provi de Day Programming for			100.0				
Developmentally Disabled	No	********	*****	*****	100.0	*******	****

Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			0ther		P	Private Pay			Manageo	d Care		Percent	
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	Ĭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	10	100.0	\$267. 85	45	88. 2	\$88. 46	0	0.0	\$0.00	36	100.0	\$141.00	0	0.0	\$0.00	91	93. 8%
Intermedi ate				6	11.8	\$73. 50	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	6	6. 2%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Ventilator-Depender	it 0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total	10	100.0		51	100. 0		0	0.0		36	100.0		0	0.0		97	100.0%

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Admissions, Discharges, and		Percent Distribution	of Residents	Condi ti or	s, Services	s, and Activities as of	12/31/00
Deaths During Reporting Period							
					eedi ng		Total
Percent Admissions from:		Activities of	%	Assis	tance of	% Totally	Number of
Private Home/No Home Health	4.6	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi dents
Private Home/With Home Health	2. 9	Bathing	1. 0		73. 2	25. 8	97
Other Nursing Homes	2. 9	Dressing	23. 7		45. 4	30. 9	97
Acute Care Hospitals	89. 1	Transferring	39. 2		33. 0	27. 8	
Psych. Hosp MR/DD Facilities	0.0	Toilet Use	30. 9		25. 8	43. 3	97 97
							97 97
Rehabilitation Hospitals	0. 0	Eating	55. 7		34. 0	10. 3	97
Other Locations	0.6		*****		******	******	
Total Number of Admissions	174	Continence			pecial Trea		%
Percent Discharges To:		Indwelling Or Externa		5. 2		Respiratory Care	10. 3
Private Home/No Home Health	32. 6	Occ/Freq. Incontinent	of Bladder	49. 5	Recei vi ng	Tracheostomy Care	1. 0
Private Home/With Home Health	14.0	Occ/Freq. Incontinent	of Bowel	36. 1	Recei vi ng	Suctioning *	1. 0
Other Nursing Homes	2. 9	· •				Ostomy Care	1. 0
Acute Care Hospitals	19.8	Mobility				Tube Feeding	1. 0
Psych. Hosp MR/DD Facilities	0.0	Physically Restrained	ł	6. 2		Mechanically Altered D	
Rehabilitation Hospitals	0.6	inysicarry Reservine	•	0. 2	Meeel VIIIg	meentain earry in cerea b	1003 00.1
Other Locations	4. 7	Skin Care			than Dagid	ent Characteristics	
							100.0
Deaths	25. 6	With Pressure Sores		0.0		nce Directives	100. 0
Total Number of Discharges		With Rashes		7. 2 N	edi cati ons		
(Including Deaths)	172				Kecei vi ng	Psychoactive Drugs	55. 7

		Ownershi p:		Bed Size:			ensure:		
	Thi s	his Proprietary		100- 199		Skilled		Al l	
	Facility	Peer Group		Peer Group		Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93. 3	82. 5	1. 13	83. 6	1. 12	84. 1	1. 11	84. 5	1. 10
Current Residents from In-County	91.8	83. 3	1. 10	86. 1	1.07	83. 5	1. 10	77. 5	1. 18
Admissions from In-County, Still Residing	19. 5	19. 9	0. 98	22. 5	0. 87	22. 9	0. 85	21. 5	0. 91
Admissions/Average Daily Census	177. 6	170. 1	1.04	144. 6	1. 23	134. 3	1. 32	124. 3	1.43
Discharges/Average Daily Census	175. 5	170. 7	1. 03	146. 1	1. 20	135. 6	1. 29	126. 1	1. 39
Discharges To Private Residence/Average Daily Census	81. 6	70. 8	1. 15	56 . 1	1. 45	53. 6	1. 52	49. 9	1.64
Residents Receiving Skilled Care	93. 8	91. 2	1. 03	91. 5	1.02	90. 1	1.04	83. 3	1. 13
Residents Aged 65 and Older	99. 0	93. 7	1.06	92. 9	1.07	92. 7	1. 07	87. 7	1. 13
Title 19 (Medicaid) Funded Residents	52. 6	62. 6	0.84	63. 9	0.82	63. 5	0. 83	69. 0	0. 76
Private Pay Funded Residents	37. 1	24. 4	1. 52	24. 5	1. 52	27. 0	1. 37	22. 6	1.64
Developmentally Disabled Residents	1. 0	0.8	1.34	0. 8	1. 25	1. 3	0.82	7. 6	0. 13
Mentally Ill Résidents	53. 6	30. 6	1. 75	36. 0	1.49	37. 3	1.44	33. 3	1.61
General Medical Service Residents	5. 2	19. 9	0. 26	21. 1	0. 24	19. 2	0. 27	18. 4	0. 28
Impaired ADL (Mean)	49. 1	48.6	1.01	50. 5	0. 97	49. 7	0. 99	49. 4	0. 99
Psychological Problems	55. 7	47. 2	1. 18	49. 4	1. 13	50. 7	1. 10	50. 1	1. 11
Nursing Care Required (Mean)	7. 2	6. 2	1. 17	6. 2	1. 17	6. 4	1. 12	7. 2	1.01